

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)								SERIAL NO.	FILING DATE			
								APPLICANT(S)				
CLAIMS												
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		IND.	DEP.	IND.	DEP.	IND.	DEP.
	IND.	DEP.	IND.	DEP.	IND.	DEP.						
1	1						51	1				
2		1					52	1				
3		1					53	1				
4		1					54	1				
5		1					55	1				
6		1					56	1				
7		1					57	1				
8		1					58	1				
9		1					59	1				
10		1					60	1				
11		1					61	1				
12		1					62	1				
13		1					63	1				
14		1					64	1				
15		1					65	1				
16		1					66	1				
17		1					67	1				
18		1					68	1				
19		1					69	1				
20		1					70	1				
21	1						71	1				
22	1						72	1				
23	1						73	1				
24	1						74	1				
25	1						75	1				
26	1						76	1				
27	1						77	1				
28	2						78	1				
29	2						79	1				
30	2						80	1				
31	2						81	1				
32	2						82	1				
33	2						83	1				
34	1						84	1				
35	1						85	1				
36	2						86	1				
37	2						87	1				
38	2						88	1				
39	2						89	1				
40	2						90					
41	2						91					
42	2						92					
43	2						93					
44	2						94					
45	2						95					
46	2						96					
47	1						97					
48	1						98					
49	1						99					
50	1						100					
TOTAL IND.							7					
TOTAL DEP.							18					
TOTAL CLAIMS							105					